



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 2812  
Examiner: Whitmore, S.  
Applicant: Navaz Lulla et al.  
Serial No: 09/689,532  
Filing Date: October 12, 2000  
For: CIRCUIT FOR GENERATING SILICON ID FOR PLDS

I hereby certify that this letter, the response or amendment attached hereto are being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 23, 2004.

By:

  
Jan M. Dunbar

**NOTICE OF APPEAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The Applicant of the above-captioned patent application hereby appeals to the Board of Patent Appeals and Interferences from the decision dated March 26, 8, 2004 of the Examiner finally rejecting Claims 1-26.

An extension of time to respond to the final rejection is hereby requested for one months. The payment for the one month extension fee and the appeal fee is enclosed herewith.

07/27/2004 EFLORES 00000029 09689532

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330.00 OP

If Applicant has not requested a sufficient extension and/or has not paid a sufficient fee for this matter, and/or for the extension necessary to prevent the abandonment of this application, please consider this as a request for an extension for the required time period and/or authorization to charge our Deposit Account No. 50-0541 for any fee which may be due.

Respectfully submitted,

By:

  
Christopher P. Maiorana

Reg. No. 42,829

CHRISTOPHER P. MAIORANA, P.C.

24840 Harper Avenue, Suite 100

St. Clair Shores, MI 48080

(586) 498-0670

Date: July 23, 2004

Attorney Docket No.: 0325.00420

IN RE APPLICATION OF: Navaz Lulla et al.

SERIAL NO.: 09/689,532

**RESPONSE TRANSMITTAL AND  
EXTENSION OF TIME REQUEST  
(IF REQUIRED)**

TITLE: CIRCUIT FOR GENERATING SILICON ID FOR PLDS

FILED: October 12, 2000

EXAMINER: Whitmore, S.

ART UNIT: 2812

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**FEE CALCULATION FOR ENCLOSED AND EXTENSION REQUEST (IF ANY)**

	Claims Remaining	Highest No. Previous	Extra Rate	Additional Fee
Total Claims	26 minus	26 =	0 x \$ 18.00	\$0.00
Independent Claims	3 minus	3 =	0 x \$ 86.00	\$ 0.00
Multiple Dependent Claim First Added			+ \$290.00	\$ 0.00

TOTAL IF NOT SMALL ENTITY .. \$0.00

[ ] SMALL ENTITY STATUS - If applicable, divide by 2 ..... \$0.00  
 [ ] Verified statement enclosed, if not previously filed.

[X] Applicant also requests a 1 month extension of time  
 for response to the outstanding Office Action. The fee is ..... \$110.00

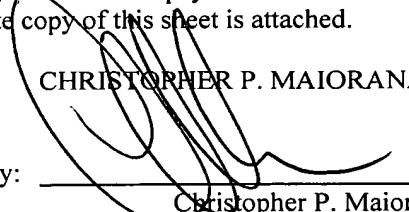
[X] Fee set forth for Notice of Appeal ..... \$330.00

TOTAL FEE ..... \$440.00

The Commissioner is hereby authorized to charge any overpayment or underpayment of the above fee associated with this Communication to Deposit Account No. 50-0541. A duplicate copy of this sheet is attached.

CHRISTOPHER P. MAIORANA, P.C.

24840 Harper Avenue, Suite 100  
 St. Clair Shores, Michigan 48080  
 (586) 498-0670

By:   
 Christopher P. Maiorana  
 Registration No.: 42,829

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By:   
 Jan M. Dunbar